

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037836

1. Entity Name
TEAM DILLON, LLC



Principal Place of Business

**1180 GULF BLVD.
1603
CLEARWATER, FL 33767 US**

Mailing Address

**1180 GULF BLVD.
1603
CLEARWATER, FL 33767 US**

DO NOT WRITE IN THIS SPACE



02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0273418

Applied For
Not Applicant

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DILLON, PHILLIP M
1180 GULF BLVD.
1603
CLEARWATER, FL 33767**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DILLON, PHILLIP M
STREET ADDRESS	1180 GULF BLVD. #1603
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	MGR
NAME	DILLON, PHYLLIS L
STREET ADDRESS	1180 GULF BLVD. #1603
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000490297
04/18/06-80050-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-31-06

Date

727-596-2280

Daytime Phone #